

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC			FEC IDENTIFICATION NUMBER C 000027486		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee DEL RAY MEDIA			Date of Public Distribution/Dissemination 10 / 08 / 2016		
Mailing Address 1427 LESLIE AVE.			Amount 24598.90		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : SE24-1.001		
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION		Category/ Type	Date of Disbursement or Obligation 10 / 07 / 2016		
Name of Federal Candidate MASTO, CATHERINE, CORTEZ, .		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00	State: NV
Calendar Year-To-Date Per Election for Office Sought		6239394.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee DEL RAY MEDIA			Date of Public Distribution/Dissemination 10 / 08 / 2016		
Mailing Address 1427 LESLIE AVE.			Amount 9038.80		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : SE24-1.002		
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION		Category/ Type	Date of Disbursement or Obligation 10 / 07 / 2016		
Name of Federal Candidate MASTO, CATHERINE, CORTEZ, .		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00	State: NV
Calendar Year-To-Date Per Election for Office Sought		6239394.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....			33637.70		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Banning, Jay, .</i>			Date 10 / 10 / 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER C00027466
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee STRATEGIC MEDIA PLACEMENT		Date of Public Distribution/Dissemination 10 / 08 / 2016
Mailing Address 7668 STAGERS LOOP		Amount 24300.00
City DELAWARE	State OH	Zip Code 43015
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION	Category/Type	Transaction ID : SE24-1,003 Date of Disbursement or Obligation 10 / 07 / 2016
Name of Federal Candidate MCGINTY, KATHLEEN, ALANA, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 4503610.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24300.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	57837.70

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning, Jay...

Signature

Date

10 / 10 / 2016

Via FAX

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A PREPARER	N/A DATE PREPARED

(8/2013)